

Contribution Request



Name of charitable organization: _____ Date: _____

Address: _____

City/State/Zip: _____ Telephone: () _____

Contact: _____ Title: _____ E-mail: _____

What is being requested? ☐ Cash ☐ Surplus items ☐ In-kind services ☐ Other

☐ Volunteers... Approximately how many? _____

Please explain: _____

Requested amount: \$ _____ Date needed: _____

If approved, check should be made payable to: _____

How would this contribution be used? _____

_____ Date of event? _____

If volunteers, what type of work is to be done? _____

_____ Number of volunteer hours? _____

What recognition will TVA receive through its participation? _____

Is the organization a United Way agency? ☐ Yes ☐ No Is the organization a not-for-profit 501(c)(3)? ☐ Yes ☐ No

What is the specific purpose of the requesting organization? _____

How does this fit into TVA's Corporate Contributions Guidelines? _____

Is this organization receiving any other support from TVA? _____

Names of TVA employees serving on the board of the requesting organization: _____

What other organizations are sponsors in this endeavor? _____

Return this form to:
External Communications
Tennessee Valley Authority
400 West Summit Hill Dr., ET 6A-K
Knoxville, TN 37902

Fax to: 865-632-3082
Telephone: 865-632-8867